



## Care Plan for Kids and Young People

If my parent or guardian is unwell or I am worried or upset I should call:

Name	Phone number
Kids Helpline	1800 55 1800
Emergency	000
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### About me:

Name \_\_\_\_\_

My phone number/s  
\_\_\_\_\_  
\_\_\_\_\_

My parent's phone number/s  
Name \_\_\_\_\_  
Number \_\_\_\_\_

My parent's phone number/s  
Name \_\_\_\_\_  
Number \_\_\_\_\_

Other family members' numbers  
Name \_\_\_\_\_  
Number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_

My address

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Date of birth

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Brothers and sisters names and ages

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My school

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Year/Grade

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My doctor's name and phone number

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My Medicare number

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My medication (if I take any)

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My allergies

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Illnesses or special conditions I have

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If my parent gets unwell and I need to stay with someone else for a while, it will be one of these people:

Name

Phone number

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These people have agreed it is ok for me to stay with them

☐ Yes ☐ No

My parent/s has agreed it is ok for me to stay with them

☐ Yes ☐ No

I know how to get there (e.g. bus, taxi, getting picked up)

☐ Yes ☐ No

My parent knows how to contact me if I am there

☐ Yes ☐ No

Things I will take with me if I am staying away from home:

**Some ideas:** favourite clothes, a family photo, school bag, school books, school uniform, my own pillow, favourite toy, toothbrush, diary, music...

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### Here is some information about what I like:

If you have to stay with someone else while your parent is unwell, it will help them to know a bit about you.

My favourite foods

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Foods I hate or am allergic to

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My hobbies and stuff I like to do to relax

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My cultural or religious customs (e.g. do you go to church? When are where?)

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My favourite TV shows and movies

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My favourite book or magazine

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My favourite music or band

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My favourite sport or team

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### Organising my week:

Here is a calendar to fill in the things you do each week (e.g. after school activities, seeing friends, appointments, etc.)

	Morning	Afternoon	Night
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

### Where will I get money from?

Talk to your parents first, or ask your support worker to help you find out if you are eligible for financial assistance.

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### What do I need money for?

Bus	<hr/>
Lunch	<hr/>
School expenses	<hr/>
Music or sport lessons	<hr/>
Other	<hr/>
Other	<hr/>
Other	<hr/>

### If my parent goes to hospital I know that I will be able to:

- ☐ visit when they are well enough
- ☐ speak with them regularly by phone when they are well enough
- ☐ see photos of them regularly
- ☐ write letters to them
- ☐ Other

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### Please add any additional information here:

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## Signatures:

**Me** Name\_\_\_\_\_ Signature\_\_\_\_\_

**Parent/carer** Name\_\_\_\_\_ Signature\_\_\_\_\_

**Parent/carer** Name\_\_\_\_\_ Signature\_\_\_\_\_

**Support worker** Name\_\_\_\_\_ Signature\_\_\_\_\_

**Date** \_\_\_\_\_

## Details of people who have a copy of this plan:

Name	Organisation (if applicable)	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____